APPLICATION FOR AN ABSENTEE BALLOT
SPECIAL ELECTION – March 6, 2007
City of Solana Beach **OR** Rainbow Municipal Water District - Division 1

To obtain an Absentee ballot, complete the information on this form. The Registrar of Voters must receive this application no later than 5:00 p.m. on February 27, 2007.

PRINT NAME:_____ **DATE OF BIRTH:**_____
(First)   *(Middle)*   *(Last)*

RESIDENCE ADDRESS IN SAN DIEGO COUNTY (Please Print)

_____
Number and Street (P.O. Box, Rural Route, etc. not acceptable - designate N, S, E, W, if used)

_____
(City)   *(State or County)*   *(Zip Code)*

TELEPHONE NUMBER(   )_____ **(   )**_____

PRINT MAILING ADDRESS FOR BALLOT *(If different than above): Note: Organizations distributing this form may not preprint mailing address.*

_____
(Number and Street/P.O. Box)

_____
(City)   *(State or County)*   *(Zip Code)*

PERMANENT ABSENTEE VOTER

☐   Check here to become a Permanent Absentee Voter. Any voter may request to be a Permanent Absentee Voter. If you check the box above and sign here:_____

an absentee ballot will automatically be sent to you for future elections. Failure to return an absentee ballot for two consecutive statewide general elections will cancel your Permanent Absentee Voter Status and you will need to reapply. If you have any questions concerning voting by absentee ballot, please call the San Diego County Registrar of Voters at 858-565-5800. (Elections Code Section 3201, 3206)

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT

I have not applied for an absentee ballot for this election by any other means. I certify under penalty of perjury under the laws of the State of California that the name and residence on this application are true and correct.

X_____

Signature   Date

WARNING: Perjury is punishable by imprisonment in State prison for two, three or four years. *(Section 126 of the Ca. Penal Code)*

THIS FORM IS PROVIDED BY: *SAN DIEGO COUNTY REGISTRAR OF VOTERS INTERNET*

NOTICE: You have the legal right to mail, fax or deliver this application directly to the local elections official where you reside. This address is:

> **Registrar of Voters**
> **5201 Ruffin Road, Suite I**
> **P.O. Box 85520**
> **San Diego, Ca. 92186-5520**
> **Office:(858) 694-3415   Fax:(858) 694-2955**

Returning this application to anyone other than your elections official may cause a delay that could interfere with your right or ability to vote.

The format used on this application must be used by **ALL** individuals, organizations and groups that distribute absentee ballot applications. Failure to conform to this format may result in criminal prosecution. (Elections Code Section 3007 & 18402)

INFORMATION FOR CAMPAIGNS USING THIS FORM:

Any individual, group, or organization that distributes absentee applications must include their name, address and telephone number of the campaign at the bottom of the form after the words "THIS FORM IS PROVIDED BY". Applications received from campaigns without this information will be rejected.